

**Commonwealth of Virginia
GE MasterCard**

**Agency Electronic Bill
Request Form**

This form is needed for **only** those individuals who only need access to an agency's consolidated monthly bill.

Agency Number: _____

Agency Name: _____

Program: SPCC _____ Gold _____ Travel _____ Both _____

Employee Name: _____

Employee Email Address: _____

Requested User ID: _____

Employee Signature: _____

Certification

I, Program Administrator, for the agency listed above, certify that the above named individual can receive access to our Agency's electronic consolidated monthly bill for the Program(s) selected above.

Agency Program Administrator Name: _____

Program Administrator Signature: _____

Program Administrator's Email: _____

Once setup is complete, you will receive an email confirmation with the web address to access the reporting.

Please fax the completed form to 804-786-9201

DOA Use Only:

DOA Approval _____ Date _____

Set up Complete: _____ User ID Assigned: _____ Password: _____